

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF GEORGIA

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name American Dental of Eastman LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 61-1914302

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

5106 Oak Street  
Eastman, GA 31023

Number, Street, City, State & ZIP Code

Dodge

County

P.O. Box 457  
Eastman, GA 31023

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **American Dental of Eastman LLC**  
Name

Case number (if known)

**7. Describe debtor's business**

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **American Dental of Eastman LLC** Case number (if known) \_\_\_\_\_  
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☐ No ☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor **See Attachment** Relationship \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

11. Why is the case filed in this district? Check all that apply:
- ☐ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☒ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention? (Check all that apply.)**
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_
- Where is the property?** \_\_\_\_\_  
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

### Statistical and administrative information

13. Debtor's estimation of available funds Check one:
- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

15. Estimated Assets
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000                   | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000             | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million          | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

16. Estimated liabilities
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|--|--|

Debtor	<b>American Dental of Eastman LLC</b>	Case number (if known)
Name		
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million
		<input type="checkbox"/> \$1,000,000,001 - \$10 billion
		<input type="checkbox"/> \$10,000,000,001 - \$50 billion
		<input type="checkbox"/> More than \$50 billion

Debtor **American Dental of Eastman LLC**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 24, 2024**  
MM / DD / YYYY

**X /s/ Michael Knight**  
Signature of authorized representative of debtor  
  
Title **Authorized Person**

**Michael Knight**  
Printed name

**18. Signature of attorney**

**X /s/ Matthew S. Cathey**  
Signature of attorney for debtor

Date **May 24, 2024**  
MM / DD / YYYY

**Matthew S. Cathey**  
Printed name

**Stone & Baxter, LLP**  
Firm name

**577 Third Street**  
**Macon, GA 31201**  
Number, Street, City, State & ZIP Code

Contact phone **478-750-9898** Email address **mcathey@stoneandbaxter.com**

**759547 GA**  
Bar number and State

Debtor American Dental of Eastman LLC Case number (if known) \_\_\_\_\_  
Name

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF GEORGIA

Case number (if known) \_\_\_\_\_ Chapter 11

☐ Check if this an amended filing

**FORM 201. VOLUNTARY PETITION**  
**Pending Bankruptcy Cases Attachment**

Debtor	<u>American Dental of Fitzgerald, LLC</u>	Relationship to you	<u>Affiliate</u>
District	<u>Middle District of Georgia</u>	When	<u>5/24/24</u>
Case number, if known			
Debtor	<u>American Dental of LaGrange, LLC</u>	Relationship to you	<u>Affiliate</u>
District	<u>Middle District of Georgia</u>	When	<u>5/24/24</u>
Case number, if known			

**CORPORATE RESOLUTION AUTHORIZING  
FILING OF PETITION UNDER CHAPTER 11**

American Dental of Georgia, LLC, the Manager of American Dental of Eastman, LLC (the "Company"), hereby certifies that, on the 22nd day of May, 2024, a meeting was held of the members and manager of the Company, and the following resolution was passed unanimously:

RESOLVED, that in the judgment of the members and manager, it is desirable and for the best interest of this Company, its creditors, stockholders and other interested parties, that a petition be filed by this Company in the United States Bankruptcy Court for the Middle District of Georgia, Albany Division (the "Chapter 11 Case") under the provisions of Chapter 11 of Title 11 of the United States Code, and that the same be filed at such time as may be directed by Michael Knight of the Company; and it is further

RESOLVED, that Michael Knight is hereby expressly authorized on the behalf of the Company to retain and compensate, subject to court approval, Stone & Baxter, LLP, as counsel for the Company in connection with the Chapter 11 Case, and it is hereby

RESOLVED, that the form of petition under Chapter 11 presented to the members and manager be, and the same hereby is approved and adopted in all respects, and that the Michael Knight be, and he hereby is, authorized and directed, on behalf of and in the name of this Company, to execute and verify petitions substantially in such form and to cause the same to be filed with the United States Bankruptcy Court for the Middle District of Georgia, Albany Division; and it is further

RESOLVED, that Michael Knight be, and is hereby, authorized to execute and file all petitions, schedules, list and other papers, and to take any and all actions which they may deem necessary or proper in connection with such proceeding under said Chapter 11, and in that connection to retain and employ all assistance by legal counsel or otherwise which he may deem necessary or proper with a view to the successful termination of such proceedings.

This 22nd day of May, 2024.

**MANAGER**

AMERICAN DENTAL OF GEORGIA, LLC

By: 

Michael Knight, Manager

**MEMBER**

AMERICAN DENTAL OF GEORGIA, LLC

By: 

Michael Knight, Manager

**Fill in this information to identify the case:**

Debtor name American Dental of Eastman LLC

United States Bankruptcy Court for the: MIDDLE DISTRICT OF GEORGIA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 24, 2024

X /s/ Michael Knight

Signature of individual signing on behalf of debtor

Michael Knight

Printed name

Authorized Person

Position or relationship to debtor



**Fill in this information to identify the case:**

Debtor name	<b>American Dental of Eastman LLC</b>
United States Bankruptcy Court for the:	<b>MIDDLE DISTRICT OF GEORGIA</b>
Case number (if known):	

☐ Check if this is an amended filing

## Official Form 204

### Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Corporation Service Company As Representative P.O. Box 2576 Springfield, IL 62708		90 days or less: UCC No. 045-2023-000068 Filed on 2/13/23 in Dodge County	Disputed	Unknown	Unknown	Unknown
Corporation Service Company As Representative P.O. Box 2576 Springfield, IL 62708		90 days or less: UCC No. 141-2023-001056 Filed on 8/24/23 in Troup County	Disputed	Unknown	Unknown	Unknown
CT Corporation System, as Rep. Attn: SPRS 330 N Brand Blvd., Suite 700 Glendale, CA 91203		90 days or less: UCC No. 007-2023-000809 Filed on 1/6/23 in Barrow County	Disputed	Unknown	Unknown	Unknown
E Advance Services 370 Lex Avenue, Suite 801 New York, NY 10017		90 days or less: UCC No. 045-2023-000319 Filed on 7/12/23 in Dodge County	Disputed	\$38,000.00	Unknown	Unknown
First Corporate Solutions 914 S. Street Sacramento, CA 95811		90 days or less: UCC No. 001-2023-005955 Filed on 9/18/23 in Applying County	Disputed	\$35,000.00	Unknown	Unknown
MNR Capital 7901 4th Street North Suite 7491 Saint Petersburg, FL 33702		90 days or less: UCC No. 007-2024-010427 Filed on 3/1/24 in Barrow County	Disputed	\$30,000.00	Unknown	Unknown

Debtor **American Dental of Eastman LLC**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
National Funding, Inc 9530 Towne Centre Drive Suite 120 San Diego, CA 92121		90 days or less: UCC No. 038-2023-026489 Filed on 12/4/23 in Coweta County	Disputed	\$42,000.00	Unknown	Unknown
North State Bank 6204 Fallis Neuse Road Raleigh, NC 27609		90 days or less: UCC No. 045-2019-000479 Filed on 7/31/19 in Dodge County	Disputed	\$988,000.00	Unknown	Unknown
North State Bank 6204 Fallis Neuse Road Raleigh, NC 27609		5106 Oak Street Eastman, GA 31023 Dental Practice Building and Land		\$968,847.76	\$195,185.00	\$773,662.76
Symphona CPAs & Advisors 118 Park of Commerce Suite 200 Savannah, GA 31405		Accounting Services				\$2,500.00
Thomas S. Harbin 3060 Peachtree Road, Suite 1830 Atlanta, GA 30305		5106 Oak Street (corner of Oak and 6th Avenue) Eastman, GA 31023 Parking Lot		Unknown	\$11,548.00	Unknown
Thomas S. Harbin 3060 Peachtree Road, Suite 1830 Atlanta, GA 30305		5106 Oak Street Eastman, GA 31023 Dental Practice Building and Land		Unknown	\$195,185.00	Unknown

**United States Bankruptcy Court  
Middle District of Georgia**

In re **American Dental of Eastman LLC**

Debtor(s)

Case No.

Chapter

**11**

**VERIFICATION OF CREDITOR MATRIX**

I, the Authorized Person of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **May 24, 2024**

**/s/ Michael Knight**

**Michael Knight/Authorized Person**

Signer/Title

American Dental of Fitzgerald, LLC  
P.O. Box 457  
Eastman GA 31023

American Dental of Georgia, LLC  
P.O. Box 457  
Eastman GA 31023

American Dental of Georgia, LLC  
1114 Brookwodo Drive  
Eastman GA 31023

American Dental of LaGrange, LLC  
P.O. Box 457  
Eastman GA 31023

Corporation Service Company  
As Representative  
P.O. Box 2576  
Springfield IL 62708

CT Corporation System, as Rep.  
Attn: SPRS  
330 N Brand Blvd., Suite 700  
Glendale CA 91203

E Advance Services  
370 Lex Avenue, Suite 801  
New York NY 10017

First Corporate Solutions  
914 S. Street  
Sacramento CA 95811

Georgia Dental Associates, LLC  
315 14th Street East  
Tifton GA 31794

K&P Realty, LLC  
P.O. Box 457  
Eastman GA 31023

Michael Knight  
P.O. Box 457  
Eastman GA 31023

MNR Capital  
7901 4th Street North  
Suite 7491  
Saint Petersburg FL 33702

National Funding, Inc  
9530 Towne Centre Drive  
Suite 120  
San Diego CA 92121

North State Bank  
6204 Fallls Neuse Road  
Raleigh NC 27609

Symphona CPAs & Advisors  
118 Park of Commerce  
Suite 200  
Savannah GA 31405

Thomas S. Harbin  
3060 Peachtree Road, Suite 1830  
Atlanta GA 30305

**United States Bankruptcy Court  
Middle District of Georgia**

In re **American Dental of Eastman LLC**

Debtor(s)

Case No.  
Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **American Dental of Eastman LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

**American Dental of Georgia, LLC**  
**1114 Brookwodo Drive**  
**Eastman, GA 31023**

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☐ None [*Check if applicable*]

**May 24, 2024**

Date

**/s/ Matthew S. Cathey**

**Matthew S. Cathey**

Signature of Attorney or Litigant

Counsel for **American Dental of Eastman LLC**

**Stone & Baxter, LLP**

**577 Third Street**

**Macon, GA 31201**

**478-750-9898 Fax:478-750-9899**

**mcathey@stoneandbaxter.com**